

2018-2019 Parent Income Clarification Form

Student Name _____ Student ID or SSN _____ Phone _____

Enter your 2016 income & expenses for each line item, if ZERO, write 0 or NA. Blank lines will be considered incomplete.

Line #	PARENT INCOME - CALENDAR YEAR 2016	Monthly Amount
1	Wages, Salaries, & Tips (<i>See W-2 for yearly amount & divide by 12</i>)	\$
2	Social Security Benefits/Supplemental Security Income	\$
3	Unemployment Compensation/Worker's Compensation	\$
4	TANF/ADC/AFDC/FIP	\$
5	Food Assistance/SNAP	\$
6	Housing Allowance	\$
7	Child Support/Alimony	\$
8	Day Care Assistance	\$
9	Savings Used to Pay Expenses/ <i>Cash Given by Friends or Relatives</i>	\$
10	Veteran Benefits	\$
11	Other: Explain	\$
12	Total Monthly Income	\$

*If someone else provided or paid for your expenses in 2016 list the cost of each expense they paid under "Paid by family/other."

Line #	PARENT(S) EXPENSES – CALENDAR YEAR 2016 <small>Expenses Lines 13-17 are Required</small>	Check All That Apply	Monthly Amount Paid by:	
			You	*Family/other
13	Groceries- <i>Must be greater than >0 or check box</i>	Food assist./SNAP	\$	\$
14	Housing-rent, mortgage, property tax, insurance, Maint. <i>Must be >0, check a box, or complete #15</i>	Own home Section 8	\$	\$
15	If you had no housing expenses, check who provided your housing & calculate your share of rent paid on your behalf. <i>Divide rent/housing payment by # of occupants</i>	Parent Relative Friend/Other:	\$	\$
16	Utilities-cable, phone, natural gas, electric, garbage, etc. <i>Must be >0 or check a box</i>	Utilities incl. in rent Home energy asst.	\$	\$
17	Personal-clothing, hygiene products, etc. <i>Must be >0</i>		\$	\$
18	Medical/Health Expenses	Medical card	\$	\$
19	Transportation-gas, car payment, insurance, bus pass, auto maint., etc.		\$	\$
20	Day Care for Children		\$	\$
21	Child Support Paid		\$	\$
22	Other: Explain		\$	\$
23	Total Monthly Expenses or Bills		\$	\$
24	Did you use a Financial Aid Refund to help with your expenses in 2016?		No	Yes

25 Does "Total Monthly Expenses or Bills," listed above, exceed your "Total Monthly Income?" If so, please explain how you/your family were able to meet your basic needs during 2016. *For example, did you utilize a financial aid refund, Job Corps, or did someone else pay your expenses, etc.*

Certification and Signature: Each person signing below certifies that all of the information reported is complete and correct. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both. I acknowledge an incomplete form may delay my financial aid disbursement. **A hand written signature, not typed, is required.**

Student's Signature (Required) _____ **Date** _____

Parent's Signature (Required) _____ **Date** _____

Please return this completed form and all other required materials to:

Ottumwa Campus: IHCC, Attn. Financial Aid, 525 Grandview Avenue, Ottumwa, Iowa 52501 Fax: 641-683-5741, Email: OneStop@indianhills.edu
Centerville Campus: IHCC, 721 North First Street, Centerville, IA 52544 Fax: 641-856-3158

To check the status of your documents, go to WebAdvisor and click the Financial Checklist, under the Financial Aid heading.